Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 93 94 ****

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups		Less Than 1 Year 1 - 4 Years	25. 5 51. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 1	Under 65	1. 1	More Than 4 Years	23. 4
Day Servi ces	No	Mental Illness (Org./Psy)	45. 7	65 - 74	7.4		
Respite Care	No	Mental Illness (Other)	3. 2	75 - 84	29. 8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	46. 8	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	5. 3	95 & 0ver	14. 9	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1. 1			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0	_	100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	4. 3	65 & 0ver	98. 9		
Transportation	No	Cerebrovascul ar	8. 5			RNs	11.4
Referral Service	No [Di abetes	2. 1	Sex	%	LPNs	5. 9
Other Services	No]	Respi ratory	2. 1			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	26. 6	Male _.	18. 1	Aides & Orderlies	38. 5
Mentally III	No [Female	81. 9		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No		ale ale ale ale ale ale ale		100. 0		

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay]	Manage	d Care	Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 5	\$101.49	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	1	1. 1%
Skilled Care	0	0.0	\$0.00	57	85. 1	\$86. 18	0	0.0	\$0.00	24	88. 9	\$98. 50	0	0.0	\$0.00	81	86. 2%
Intermedi ate				8	11.9	\$70.87	0	0.0	\$0.00	3	11. 1	\$98. 50	0	0.0	\$0.00	11	11. 7%
Limited Care				1	1.5	\$60. 67	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 1%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		67	100. 0		0	0.0		27	100.0		0	0.0		94	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Admissions from: Private Home/No Home Health 8.6 Private Home/With Home Health 3. 2 Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 8.6 32.3

Other Locations

Other Locations

Deaths

Total Number of Admissions Percent Discharges To:
Private Home/No Home Health Private Home/With Home Health

Total Number of Discharges (Including Deaths)

Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. -MR/DD Facilities
Rehabilitation Hospitals

0.0 2. 2

45. 2

14. 9

6. 4 45.7 3. 2 0.0

6.4

19. 1

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00

)			% Needi ng				'otal
Activities of	%	As	si stance of		otally	Nun	ber of
Daily Living (ADL)	Independent	0ne	Or Two Staff	Depe	endent	Res	i dents
Bathi ng	0.0		87. 2		2. 8		94
Dressi ng	22. 3		57. 4	2	20. 2		94
Transferring	31. 9		43. 6	2	24. 5		94
Toilet Use	27. 7		35. 1		37. 2		94
Eating	70. 2		27. 7		2. 1		94
	******				******	*****	*****
Continence		%	Special Trea	tments			%
Indwelling Or Extern		6. 4	Recei vi ng	Respiratory (Care		7. 4
Occ/Freq. Incontinen		58 . 5	Recei vi ng	Tracheostomy	Care		1. 1
Occ/Freq. Incontinen	t of Bowel	34. 0		Suctioning			0. 0
				Ostomy Care			0. 0
Mobility				Tube Feeding			0. 0
Physically Restraine	d	14. 9	Recei vi ng	Mechani cally	Altered D	iets	33. 0
Skin Care				ent Characteri			
With Pressure Sores		1. 1		ice Directives	5		92. 6
With Rashes		0. 0	Medi cati ons				
			Recei vi ng	Psychoacti ve	Drugs		59 . 6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:		ensure:		
	This Proprietary		50-	. 99	Ski l	l ed	Al l		
	Facility Peer Group		Group	Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 9	83. 7	1. 15	86. 6	1. 11	87. 0	1. 10	84. 5	1. 13
Current Residents from In-County	91. 5	75. 1	1. 22	69. 4	1. 32	69. 3	1. 32	77. 5	1. 18
Admissions from In-County, Still Residing	24. 7	18. 7	1. 32	19. 5	1. 27	22. 3	1. 11	21. 5	1. 15
Admissions/Average Daily Census	100. 0	152. 8	0. 65	130. 0	0. 77	104. 1	0. 96	124. 3	0.80
Discharges/Average Daily Census	101. 1	154. 5	0. 65	129. 6	0. 78	105. 4	0. 96	126. 1	0.80
Discharges To Private Residence/Average Daily Census	19. 4	59 . 1	0. 33	47. 7	0.41	37. 2	0. 52	49. 9	0. 39
Residents Receiving Skilled Care	87. 2	90. 6	0. 96	89. 9	0. 97	87. 6	1.00	83. 3	1.05
Residents Aged 65 and Older	98. 9	95. 0	1. 04	95. 4	1.04	93. 4	1.06	87. 7	1. 13
Title 19 (Médicaid) Funded Residents	71. 3	65 . 4	1. 09	68. 7	1.04	70. 7	1. 01	69 . 0	1.03
Private Pay Funded Residents	28. 7	23. 2	1. 24	22. 6	1. 27	22. 1	1. 30	22. 6	1. 27
Developmentally Disabled Residents	1. 1	0.8	1. 36	0. 7	1.49	0. 7	1. 49	7. 6	0. 14
Mentally Ill Residents	48. 9	31.4	1. 56	35. 9	1. 36	37. 4	1. 31	33. 3	1. 47
General Medical Service Residents	26. 6	23. 2	1. 15	20. 1	1. 32	21. 1	1. 26	18. 4	1.44
Impaired ADL (Mean)	44. 7	48. 9	0. 91	47. 7	0. 94	47. 0	0. 95	49. 4	0. 90
Psychological Problems	59 . 6	44. 1	1. 35	49. 3	1. 21	49. 6	1. 20	50. 1	1. 19
Nursing Care Required (Mean)	5. 3	6. 5	0. 81	6. 6	0.81	7. 0	0. 76	7. 2	0.74